

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY
Caption in Compliance with D.N.J. LBR 9004-2(c)

Lavery & Sirkis, Esquires
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Hackettstown, NJ 07840
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Attorneys for Debtor, Karen Lambert
Joan Sirkis Warren, Esq.
ID#JW4841

In Re:

Karen Lambert

Case No.: 18-21262

Chapter: 13

Judge: MBK

AMENDED
NOTICE OF REQUEST FOR LOSS MITIGATION – BY THE DEBTOR

I am/ We are the debtor(s) in this case and hereby request loss mitigation with respect to:

Property address: 259 Silver Lake Road, Blairstown, NJ

Creditor is the holder of: ☒ first mortgage or ☐ second mortgage.

I/We will make adequate protection payments to the above creditor each month in the following amount during the loss mitigation period: See Loss Mitigation Program and Procedures, Section V.A.1. and VII.B.

Creditor Ditech Amount: \$ \$1410.30 Due date: July 1, 2018

I understand that if the court orders loss mitigation in this case I am required to comply with the Loss Mitigation Program and Procedures and will participate in good faith. I understand that Loss Mitigation is voluntary, and that I am not required to enter into any agreement or settlement with any other party as part of this Loss Mitigation, and understand that no other party is required to enter into any agreement or settlement with me. I also understand that I am not required to request dismissal of this case as part of any resolution or settlement that is offered or agreed to during the Loss Mitigation Period. I also certify that the property in question consists only of real property in which I hold an interest used as a principal residence.

Date: 10/23/18

/s/ Karen Lambert
Debtor

Date: _____

Joint Debtor (if any)

Debtor Information:

Print full name: Karen Lambert

Mailing address: 259 Silver Lake Road, Blairstown, NJ

Telephone number: _____

Email address (if any): _____

Debtor's Attorney Information:

Name: Joan Sirkis Warren

Address: 699 Washington Street, Suite 103, Hackettstown, NJ 07840

Telephone number: 908-850-6161 Fax number: 908-852-7423

Creditor Information: (if known)

Name: Ditech Financial LLC

Address: PO Box 6154, Rapid City, SD 57708-6154

Telephone number: _____ Fax number: _____

Email address (if any): _____

Creditor's Attorney Information: (if known)

Name: Phelan Hallinan Diamond & Jones

Address: 400 Fellowship Road, Suite 100, Mt. Laurel, NJ 08054

Telephone number: _____ Fax number: _____

Email address (if any): _____

Pursuant to Section V. A. of the Loss Mitigation Program and Procedures, the above named creditor has 14 days to file with the court, and serve on the debtor, debtor's attorney and trustee, an objection to this Request.